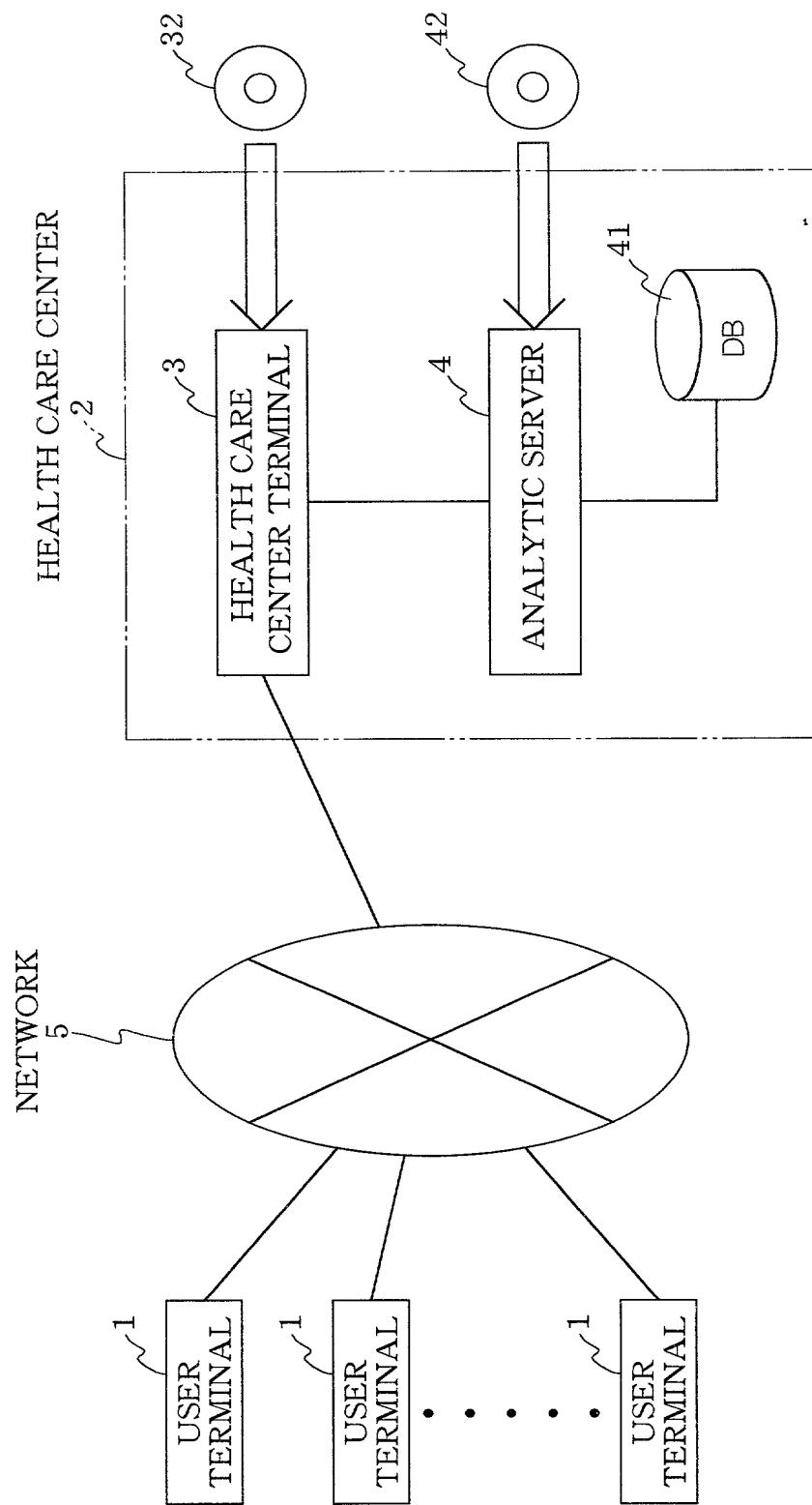
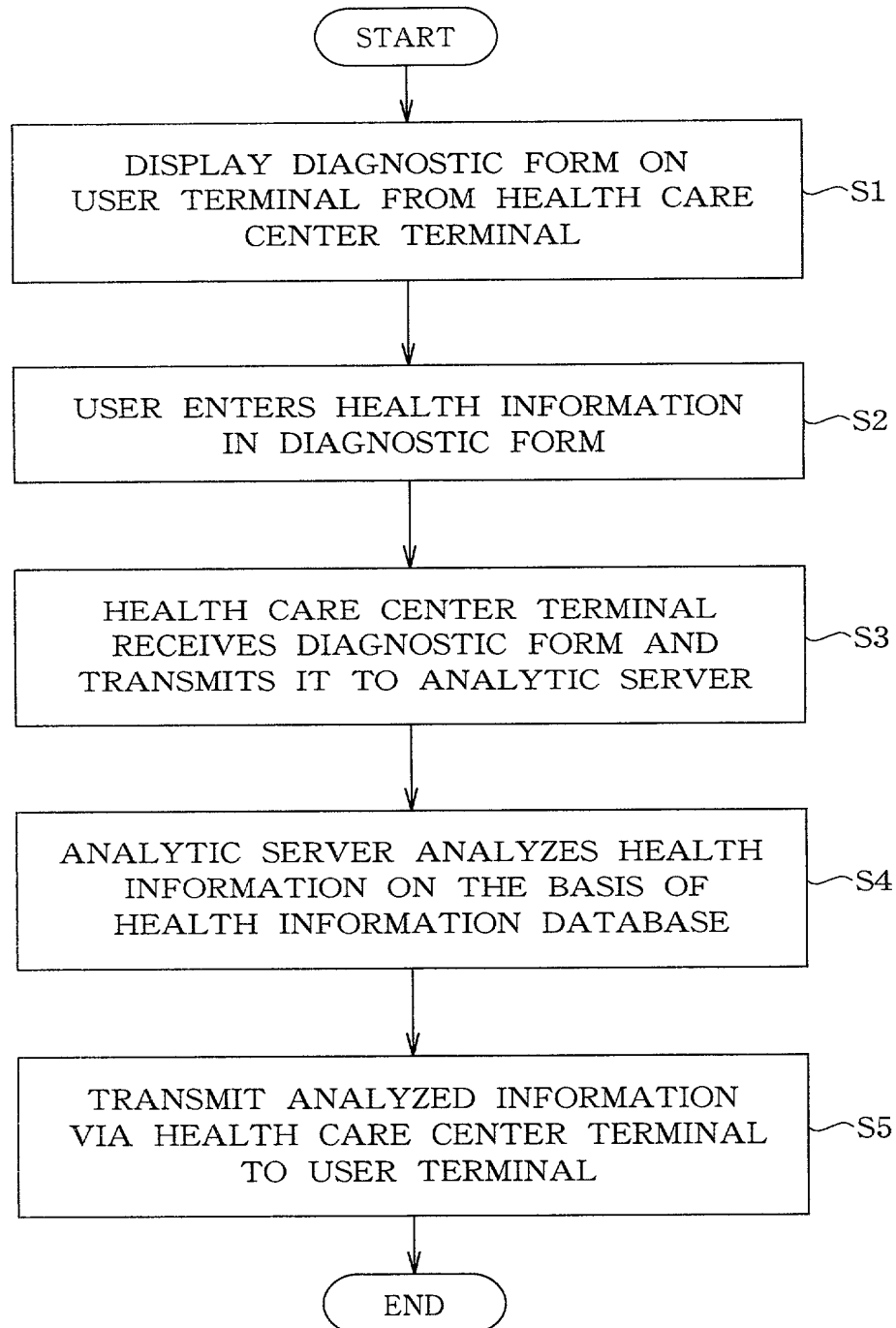


FIG. 1



**FIG. 2**

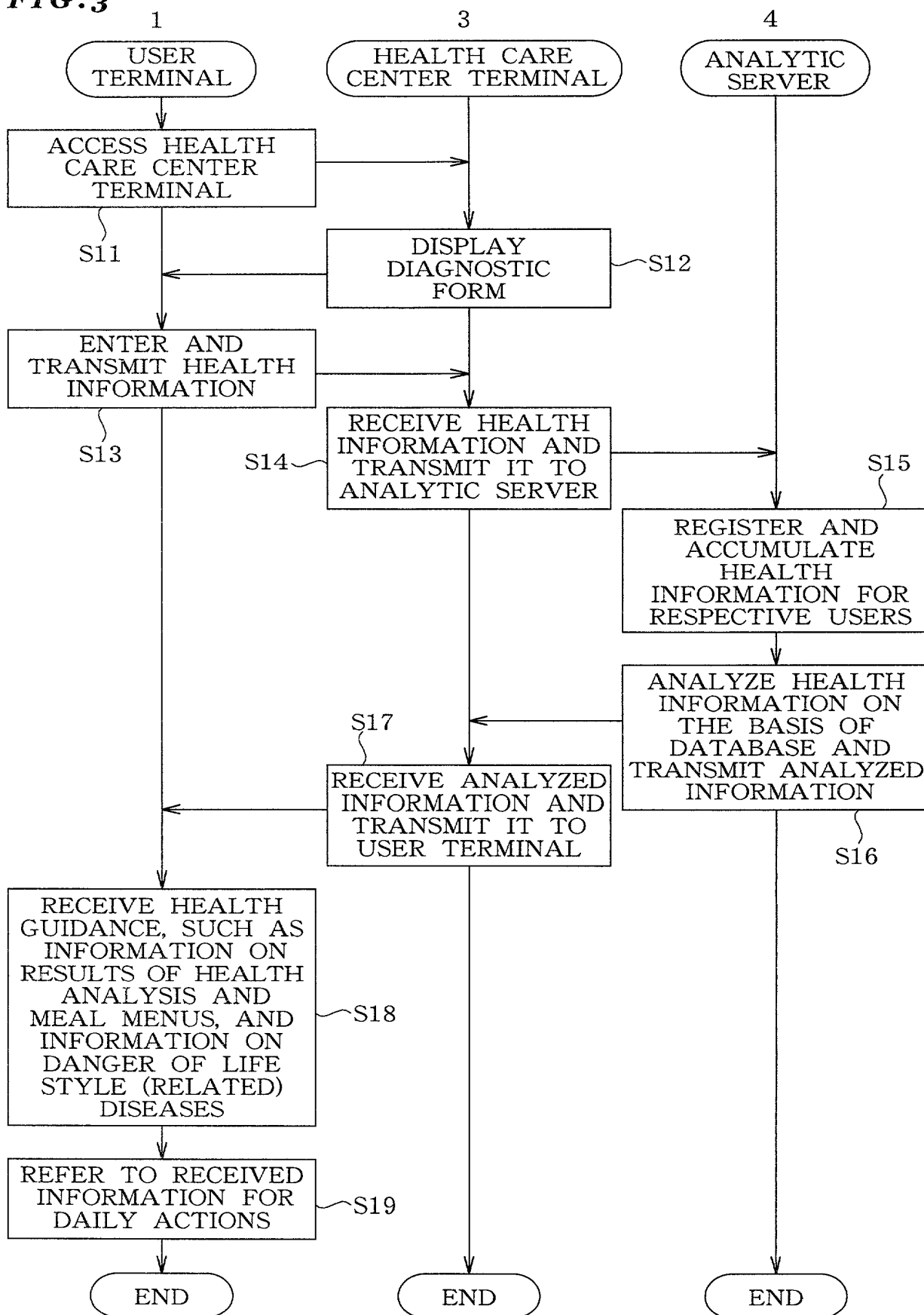
**FIG. 3**

FIG. 4

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## MEDICAL DIAGNOSIS FORM

NAME :  AGE :  SEX : ☐ Male ☐ FemaleHEIGHT :  cm WEIGHT :  kgPRESENT HEALTH : ☐ Good ☐ Normal ☐ Bad

## DETAILS OF PRESENT HEALTH

## MEDICAL HISTORY

## NONESSENTIAL GROCERY ITEMS

Do you smoke? ☐ No ☐ Yes ☐ cigarettes a dayDo you drink? ☐ No ☐ Yes ☐ Every day☐ Two or three times a week☐ Whisky ☐ Sake ☐ Beer ☐ Wine

## MEAL MENUS (CALORIE INTAKE) (DATE)

Breakfast: Lunch: Dinner: 

## AMOUNT OF EXERCISE (CALORIE CONSUMPTION)

Travel to work/school : ☐ By train/bus ☐ By bicycle ☐ On foot minutes

Sports :  km of running  minutes of soccer  
 minutes of walking  minutes of baseball  
 minutes of swimming  minutes of volleyball  
 minutes of basketball

CONFIRM

TRANSMIT